PTC/SB/06 (08-03)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number		
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	FOR	NUMB	NUMBER FILED NUMBE				RATE	FEE		RATE	FEE
(37	SIC FEE CFR 1.16(e))							·	OR		8
(37	(al Claims CFR 1.18(c))		minus 20 = °				x s•		OR	K1	
	EPENDENT CLAI CFR 1.16(b))	MS	minus 3 = *			İ	x 1		OR	X 50	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))						l	+ 5 a		OR	+5=.	
" If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II											
4	13/04	(Calumn 1)		(Cotumn 2)	(Column 3)		SMALL	ENTITY	OR	OTHER SMALL	R THAN ENTITY
MTA	P/S	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADO)- TIONAL FEE		RATE	ADDI- TIONAL FEE
ENDMENT	Total (३७ टन १.१६५)	68	Minus	- 40	.26		x 125.	650	OR	x : 50 -	
Ä	Indoperaterá (37 CFR 1.16(b))	. 6	Minus	··· 4	* a		x \$100 =	200	OR	x :200 a	
ά	FIRST PRESENT	TATION OF MULTIPU	E DEPENDE	ENT CLAIM (37 CF	FR 1,16(d)}		+:180 -		OR	+:360-	
. / / .							TOTAL ADD'L FEE	850	dos	TOTAL ADD'L FEE	
(1/6/86 (Catumn 1) (Catumn 2) (Column 3)											
NT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	रिटार्थ (प्र क्ल धाइक)	39.	Minus	-68	8		× <u>25</u> •	1	OR	× 150 .	
EN I	Independent OF OFR (.16D))	. 4	Minus	- 6	* D		x s100 -	d	OR	x 200 .	
₹	FIRST PRESENT	ATION OF MULTIPLE	E DEPENDE	ENT CLAUM (07 CF	R 1.16(d))		+:190 -		OR	+ 1340. =	
	-1-11								OR	ADO'L FEE	
10	7/15/2	(Cotumn 1)		(Calumn 2)	(Column 3)			(,	,-		
NTC		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ME	Total (37 OFA 1.16(4))	.39.	Minus	.68	9		x 125 .		09/	x : 50 .	
<b>AMENDMENT</b>	Independent pt of R 1,18(b))	4	Minus	·- Q	* /		x s 100 =		OR	x :200 =	
Α	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(df)						+,180 .		OR	+ ,310.	
TOTAL Z TOTAL ADD'L FEE OR AGO'L FEE											
If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The Thighest Number Previously Paid For" Int This SPACE is less than 3, enter "3".  The Thighest Number Previously Paid For I (I tried or Interesting It is be highest number found in the appropriate box in column 1.											

The Trighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.18. The Information is required to obtain or rotain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Thee will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.